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0010/PTO U.S. Rev. 6/95 Paten	Attorne	y Docket Numi	per 65	650053.91487							
			First Na	First Named Inventor Dara W. Frank							
DECLARA	TION FO	OR	COMPLETE IF KNOWN								
UTILITY O	R DESI	GN	Applicat	ion Number							
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	5 .		Group A	Group Art Unit							
Declaration C Submitted with Initial Filing	Subm	ration itted after Filing	Examine	Examiner Name							
As a below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name. I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: METHOD OF AND COMPOSITIONS FOR IMMUNIZATION WITH THE PSEUDOMONAS V ANTIGEN (Title of the Invention) the specification of which We as filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56											
l living and a service and a service and s	65(a) of any PC nave also identif	Tinternational i	application checking th	wnich designated e box, any foreidi	at least one application	for paten	eign application(s) for patent or other than the United States of t or inventor's certificate, or ied.				
Prior Foreign Application Number(s)		Country		Foreign Filing [(MM/DD/YYY	Date Pri (Y) Not (ority Claimed	Certified Copy Attached? YES NO				
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Additional foreign appli	ications number	s are listed on :	a suppleme	ntal priority sheet	attached he	ereto:					
I hereby claim the benef	it under Title 3!	, United State	s Code §11	9(e) of any Unite	d States pro	visional a	pplication(s) listed below.				
Application Numb	er(s)	Filing E	Date (MM/D	D/YYYY)		Additional provisional application numbers are listed on a supplemental					
n/a	priority sheet attached hereto										

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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I hereby claim benefit under Title 35, United States Code §120 of any United States application(s), or §365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations §1.56 which became available between the filing date of the prior application and the national or PCT international filling date of this application.														
U.S. Pa	arent Application Number	rent oer		Parent Filing Date (MM/DD/YYYY)				Parent Patent Number (if applicable)						
09	/448,339		No			ovember 23, 1999								
Адді	Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto													
As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:											all			
Firm Name Customer or label Number														
X List attorney(s) and/or agent(s) name and registration number below														
	Name		Ňι	stration umber				Nam	е			Ňı	Registration Number	
Barry E Charles Nichola George Michae Carl R. Keith M John D Janine Jean C David (. Baker 3. Ryser	Custome	supp	Bennett J. Berson Bruce Neel Michael A. Jaskolski Richard T. Roche Alexander Ching Terri S. Flynn John T. Pienkos Daniel G. Radler Gregory M. Smith Steven J. Wietrzny David M. Kettner Adam J. Forman oplemental priority sheet attached hereto					Fill in c	37 38 41 41 42 43 44 45 46	37,406 37,551 38,599 41,669 41,756 42,997 43,028 43,136 44,402 45,589 46,707			
Name	Jean C. Bake		lumber	or lab	Jei						adules			
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I hereby informat willful fa 18 of the	declare that all state ion and belief are balse statements and e United States Cossuing thereon.	elieved to be to	herein or	f my ov further	wn k r tha	nowled t these	lge are true statement	s wer ment.	e mad . or bo	all sta de wit	tements in the k	s made or nowledge ction 100	that 1 of Title	
Name of	Sole or First Inver	ntor:					A petition	has l	peen 1	filed fo	or this (ınsigned i	nventor	
Given Name	Dara	Middle Initial W.			Family Name Frank				Suffix e.g. Jr.					
Inventor's Signature														
Residence	Residence: City West Allis State WI Country USA Citizenship USA													
Post Offic	Post Office Address 5425 West Hayes Avenue													
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City W	est Allis	Stat	e WI	Zip 5	321	9	Country	US	Α			Appli Autho	prity	
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DECLARATION									ADDITIONAL INVENTOR(S) Supplemental Sheet						
Name of Additional Joint Inventor, if any									A petition has been filed for this unsigned inventor						
Giver Name	n e	Jeannine Middle n.m.i Fa					Fam Na	nily me		Wiener-Kronish			Suffix e.g. J		
Inventor's Signature												Date			
Residence: City San Francisco State								СА	Countr	y USA	Citiz	enship	USA		
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Post (Offi	ce Addre	ss												
City	S	an Fran	ıc	isco St	ate	WI :	Zip 9	411(6		Country	USA			icant lority
Name	e of	Addition	nal	Joint Inventor, if an	y:						A per	tition has been filed	for this t	ınsıgned	nventor
Giver Name		Time	oti	ηγ	I	Middle nitial	L.	Fan Na	nily me		Yahr			Suffix e.g. Ji	
Inventor's Signature												Date			
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Invento Signat													Date		
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Name	e of	Addition	nal	Joint Inventor, if an	y:						A pe	tition has been filed	for this (unsigned	inventor
Given Name Robert					!	Middle B. F			nily me	nily ne Fritz				Suffix e.g. J	
Inventor's Signature															
Residence: City Bay View State							WI	Countr	y USA	Cit	izenship	USA			
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City Bay View State WI Zip										Country	USA	<u> </u>	App Auti	icant iority	
	Additional inventors are being named on supplemental sheet(s) attached hereto														